

ZB# 05-15

**Anthony Albanese
(Withdrawn)**

77-9-1

ZONING BOARD OF APPEALS
TOWN OF NEW WINDSOR
555 UNION AVENUE
NEW WINDSOR, N.Y. 12553

Withdrawn 5-03-2005

ZBA #123-1234-1234567890 ALBANESE
2301 PIONEER TRL. (7/2/01) AREA

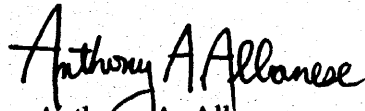
Anthony A. Albanese
2301 Pioneer Trail,
New Windsor, NY 12553
April 22, 2005

Zoning Board
555 Union Ave
New Windsor, NY 12553
Attn: Myra Mason

Dear Mrs. Mason,

I wish to withdraw my application to the zoning board of appeals for a 5' fence. Please reimburse the remainder of my application to the above address. Thank you for your cooperation in this matter.

Sincerely,


Anthony A. Albanese

PUBLIC HEARING NOTICE
ZONING BOARD OF APPEALS
TOWN OF NEW WINDSOR

PLEASE TAKE NOTICE that the Zoning Board of Appeals of the TOWN OF NEW WINDSOR, New York, will hold a Public Hearing on the following Proposition:

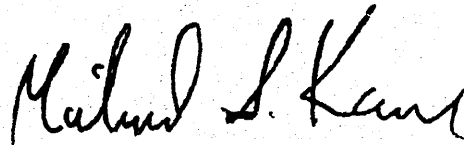
Appeal No. 05-15

Request of ANTHONY ALBANESE

for a VARIANCE of the Zoning Local Law to Permit:

Request for 5' fence which exceeds maximum permitted height and will project between house and road (300-11-C-1-C) on a corner lot at 2301 Pioneer Trail in an R-3 Zone (77-9-1)

PUBLIC HEARING will take place on MAY 9, 2005 at the New Windsor Town Hall, 555 Union Avenue, New Windsor, New York beginning at 7:30 P.M.

A handwritten signature in black ink, appearing to read "Michael S. Kane", is written over a horizontal line.

Michael Kane, Chairman

**OFFICE OF THE BUILDING INSPECTOR
TOWN OF NEW WINDSOR
ORANGE COUNTY, NEW YORK**

NOTICE OF DISAPPROVAL OF BUILDING PERMIT APPLICATION

**APPLICANT IS TO PLEASE CONTACT THE ZONING BOARD SECRETARY AT (845) 563-4630 TO
MAKE AN APPOINTMENT WITH THE ZONING BOARD OF APPEALS.**

DATE: 3-10-05

**APPLICANT: Albanese, Anthony A.
Albanese, Tracy A.
2301 Pioneer Trail
New Windsor, New York 12553**

PLEASE TAKE NOTICE THAT YOUR APPLICATION DATE: 3/7/05

FOR : Proposed 5' Fence

LOCATED AT: 2301 Pioneer Trail

ZONE: Sec/Blk/ Lot: 77-9-1

DESCRIPTION OF EXISTING SITE:

IS DISAPPROVED ON THE FOLLOWING GROUNDS:

- 1. Proposed 5' fence exceeds maximum permitted height and will project between House and Road.
This is a corner lot.**


BUILDING INSPECTOR

PERMITTED

PROPOSED OR
AVAILABLE:

VARIANCE
REQUEST:

ZONE: R-3 USE:

300-11-C-1-C

(B-1 Corner Lot)

MIN LOT AREA:

MIN LOT WIDTH:

REQ'D FRONT YD:

REQ'D SIDE YD:

REQ'D TOTAL SIDE TD:

REQ'D REAR YD:

REQ'D FRONTAGE:

MAX BLDG HT: 4'30"

FLOOR AREA RATIO:

MIN LIVABLE AREA:

DEV COVERAGE:

COPY

cc: Z.B.A., APPLICANT, FILE, W/ ATTACHED MAP

$$I'' = 20$$


Building Permit Tracking Log

Permit Application:

PA2005-115

Tax Parcel ID:

77-9-1

Application Date: **3/7/2005**

Type of Permit: **Residential Fence**

Location of Property: **2301 Pioneer Trl**

Property Owner: **Albanese, Anthony A
Albanese, Tracy A.
2301 Pioneer Trl
New Windsor, NY 12553
908-2081923**

Occupant's Name:

Applicant's Name: **Owner**

Relation To Owner:

Occupancy Class: **210**

Description of Work:

5' PICKET FENCE

Comments:

Building Permit Application Review Approvals

Review Type	Building Inspector	Date	Fire Inspector	Date

OK to go for
variance 3/10/05

2609 L13 Ridge
77-7-9

No BP for fence permit
2609 L13 Ridge - morales

PLEASE ALLOW FIVE TO TEN DAYS TO PROCESS
IMPORTANT
YOU MUST CALL FOR ALL REQUIRED INSPECTIONS OF CONSTRUCTION

Other inspections will be made in most cases but those listed below must be made or Certificate of Occupancy may be withheld. Do not mistake an unscheduled inspection for one of those listed below. Unless an inspection report is left on the job indicating approval of one of these inspections it has not been approved and it is improper to continue beyond that point in the work. Any disapproved work must be reinspected after correction.

1. When excavating is complete and footing forms are in place (before pouring.)
2. Foundation inspection. Check here for waterproofing and footing drains.
3. Inspect gravel base under concrete floors and underslab plumbing.
4. When framing, rough plumbing, rough electric and before being covered.
5. Insulation.
6. Final inspection for Certificate of Occupancy. Have on hand electrical inspection data and final certified plot plan. Building is to be completed at this time. Well water test required and engineer's certification letter for septic system required.
7. Driveway inspection must meet approval of Town Highway Superintendent. A driveway bond may be required.
8. \$50.00 charge for any site that calls for the inspection twice.
9. Call 24 hours in advance, with permit number, to schedule inspection.
10. There will be no inspections unless yellow permit card is posted.
11. Sewer permits must be obtained along with building permits for new houses.
12. Septic permit must be submitted with engineer's drawing and perc test.
13. Road opening permits must be obtained from Town Clerk's office.
14. All building permits will need a Certificate of Occupancy or a Certificate of Compliance and here is no fee for this.

RECEIVED

MAR 07 2005

BUILDING DEPARTMENT

FOR OFFICE USE ONLY:
Building Permit #: _____

**AFFIDAVIT OF OWNERSHIP AND/OR CONTRACTOR'S COMP & LIABILITY INSURANCE CERTIFICATE IS
REQUIRED BEFORE THE BUILDING PERMIT APPLICATION WILL BE ACCEPTED AND/OR ISSUED**

PLEASE PRINT CLEARLY - FILL OUT ALL INFORMATION WHICH APPLIES TO YOU

Owner of Premises Anthony + Tracy Albanese

Address 2301 Pioneer Trail Phone # 845 567-9177

Mailing Address New Windsor N.Y. 12553 Fax # 527-5380 cell

Name of Architect _____

Address _____ Phone _____

Name of Contractor Dabroski Bros Inc

Address 611 Bmte 32 N P.O. Box 7425 Newburgh N.Y. 12551 P 845 511-9259

State whether applicant is owner, lessee, agent, architect, engineer or builder owner

If applicant is a corporation, signature of duly authorized officer _____
(Name and title of corporate officer)

1. On what street is property located? On the west side of Pioneer Trail
(N, S, E or W)
and 30 feet from the intersection of Pioneer Trail + Liberty Ridge
2. Zone or use district in which premises are situated Single Family Is property a flood zone? Y N ✓
3. Tax Map Description: Section 77 Block 9 Lot 1
4. State existing use and occupancy of premises and intended use and occupancy of proposed construction.
- a. Existing use and occupancy Fence 5ft high picket
2 1/2 inch spurs. b. Intended use and occupancy society of children
5. Nature of work (check if applicable) ☐ New Bldg. ☐ Addition ☐ Alteration ☐ Repair ☐ Removal ☐ Demolition ☒ Other
6. Is this a corner lot? yes
7. Dimensions of entire new construction. Front NA Rear _____ Depth _____ Height _____ No. of stories _____
8. If dwelling, number of dwelling units: NA Number of dwelling units on each floor _____
- Number of bedrooms _____ Baths _____ Toilets _____ Heating Plant: Gas _____ Oil _____
Electric/Hot Air _____ Hot Water _____ If Garage, number of cars _____
9. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____

10. Estimated cost

\$6,000.00

Fee

0

APPLICATION FOR BUILDING PERMIT
TOWN OF NEW WINDSOR, ORANGE COUNTY, NEW YORK
Pursuant to New York State Building Code and Regulations

date

1 / 1

____/____/____
date

APPLICATION FOR BUILDING PERMIT
TOWN OF NEW WINDSOR, ORANGE COUNTY, NEW YORK
Pursuant to New York State Building Code and Town Ordinances

Building Inspector: Michael L. Babcock
Asst. Inspectors Frank Lal & Louis Krychear
New Windsor Town Hall
555 Union Avenue
New Windsor, New York 12553
(845) 563-4618
(845) 563-4695 FAX

Bldg Insp Examined _____
Fire Insp Examined _____
Approved _____
Disapproved _____
Permit No. _____

INSTRUCTIONS

- A. This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.
- B. Plot plan showing location of lot and buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram, which is part of this application.
- C. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical and plumbing installations.
- D. The work covered by this application may not be commenced before the issuance of a Building Permit.
- E. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises, available for inspection throughout the progress of the work.
- F. No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy shall have been granted by the Building Inspector.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York Building Construction Code Ordinances of the Town of New Windsor for the construction of buildings, additions, or alterations, or for removal or demolition or use of property as herein described. The applicant agrees to comply with all applicable laws, ordinances, regulations and certifies that he is the owner or agent of all that certain lot, place or parcel of land and/or building described in this application and if not the owner, that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application.

Tracy A Albanese
(Signature of Applicant)

(Address of Applicant)

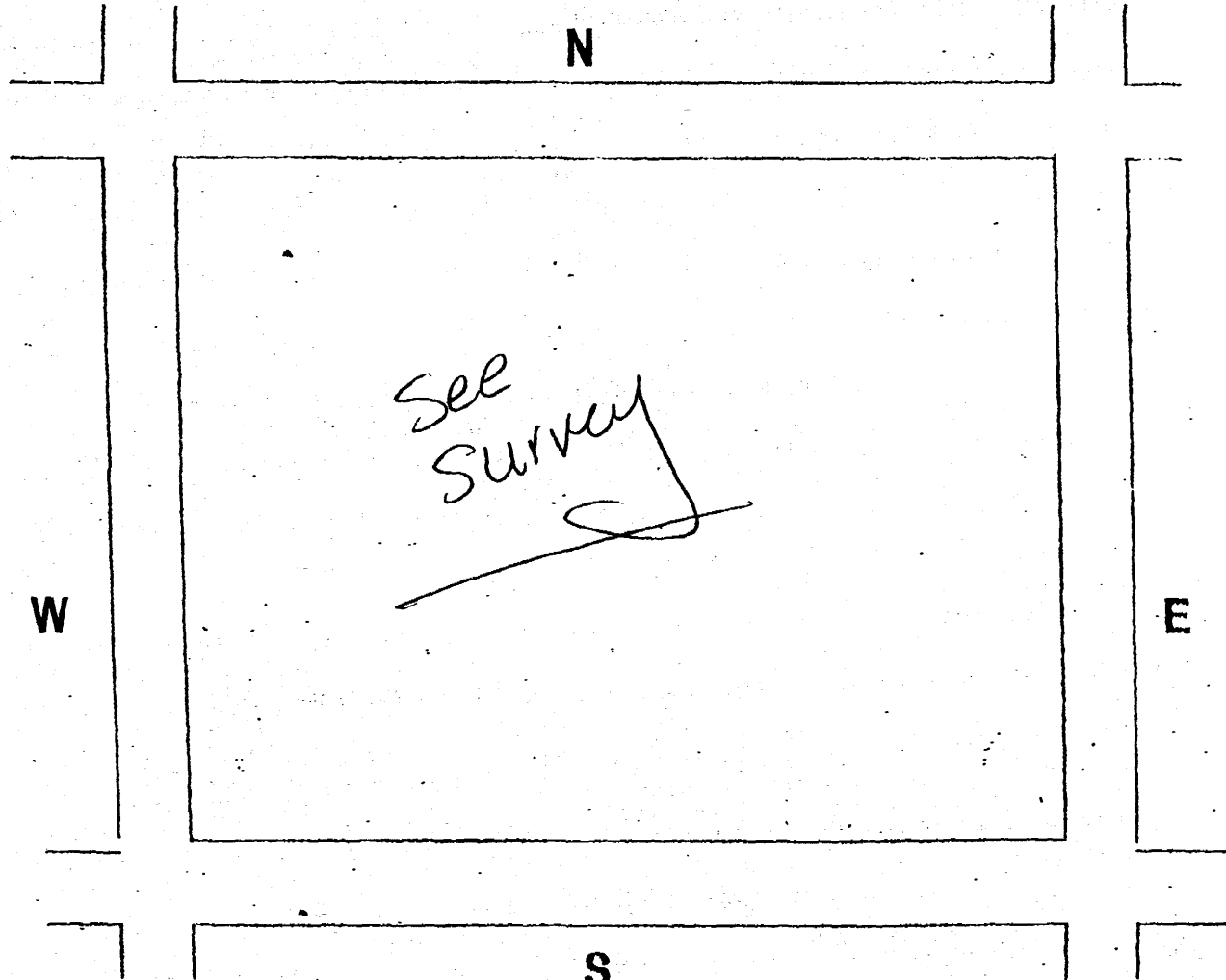
Tracy A Albanese
(Owner's Signature)

(Owner's Address)

PLOT PLAN

NOTE:

Locate all buildings and indicate all set back dimensions. Applicant must indicate the building line or lines clearly and distinctly on the drawings.



PLEASE ALLOW FIVE TO TEN DAYS TO PROCESS
IMPORTANT
YOU MUST CALL FOR ALL REQUIRED INSPECTIONS OF CONSTRUCTION

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

EMPLOYER'S APPLICATION FOR CERTIFICATE OF
COMPLIANCE WITH DISABILITY BENEFITS LAW

INSTRUCTIONS TO EMPLOYER: Complete PART 1 ONLY and have your Disability Benefits Insurance Carrier complete Part 2.

PART 1. TO BE COMPLETED BY EMPLOYER	
EMPLOYER'S NAME AND ADDRESS (Home or Main Office) DABROSKI BROS INC P.O. BOX 7425 NEWBURGH NY 12550	LOCATION OF OPERATIONS ALL LOCATIONS IN NEW YORK STATE
NAME UNDER WHICH BUSINESS IS CONDUCTED, IF DIFFERENT FROM ABOVE	OPERATIONS TO BEGIN ON OR ABOUT: Mar 21, 2005
DISABILITY BENEFITS CARRIER (If more than one, list all) THE STATE INSURANCE FUND POLICY # 2256239	NYS UNEMPLOYMENT INSURANCE EMPLOYER'S REG. NO. 3600937
Application is hereby made to the CARRIER for a Certificate of Compliance with the Disability Benefits Law.	
Date Signed 2/28/05	By (Signature of owner, partner, or authorized officer)
Tel. No. (845) 564-9259	Title President

PART 2. TO BE COMPLETED BY DISABILITY BENEFITS CARRIER	
CERTIFICATE OF COMPLIANCE WITH DISABILITY BENEFITS LAW THE STATE INSURANCE FUND - INCEPTION DATE 1/1/1988	
This is to certify that the above employer is insured with	
and that the policy covers: * a. <input checked="" type="checkbox"/> ALL of the EMPLOYER'S employees eligible under the New York Disability Benefits Law.	
* b. <input type="checkbox"/> ONLY the following class or classes of the EMPLOYER'S employees:	
Date Signed 10/25/2004	By (Signature of carrier's authorized representative (currently on file with DB Bureau))
Tel. No. (866) 697-4332	Title DIRECTOR OF UNDERWRITING
IMPORTANT: If Box "a" is checked, this certificate is COMPLETE. Mail it directly to the employer. If Box "b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Disability Benefits Bureau, 100 Broadway Menands, Albany, NY 12241-0005.	

PART 3. TO BE COMPLETED BY WORKERS' COMPENSATION BOARD (Only if box "b" of Part 2 has been checked)	
STATE OF NEW YORK WORKERS' COMPENSATION BOARD	
There is on file with the Workers' Compensation Board, Certificate of Insurance indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his/her employees.	
DISABILITY BENEFITS BUREAU	
Date Signed	By
Tel. No. ()	Title

DISABILITY BENEFITS LAW

Section 220 Penalties

- 8 (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.
- (b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article.

02/28/05

COVERAGES

DISH FUEL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
-----------	-------------------	---------------	------------------------------------	-------------------------------------	--------

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

ADMINISTRATIVE REPRESENTATIVE

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Dabroski Bros. 611 Route 32 Newburgh, NY 12550</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-564-9259</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured ER3600937</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 141693109</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of New Windsor 555 Union Avenue New Windsor, NY 12553</p>	<p>3a. Name of Insurance Carrier Main Street America Assurance Co.</p> <p>3b. Policy Number of entity listed in box "2a": WIX33806</p> <p>3c. Policy effective period: 4/20/04 to 4/20/05</p> <p>3d. The Proprietor, Partners or Executive Officers are: <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse) <input type="checkbox"/> included. <input checked="" type="checkbox"/> excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year after this form is approved by the Insurance carrier or its licensed agent.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

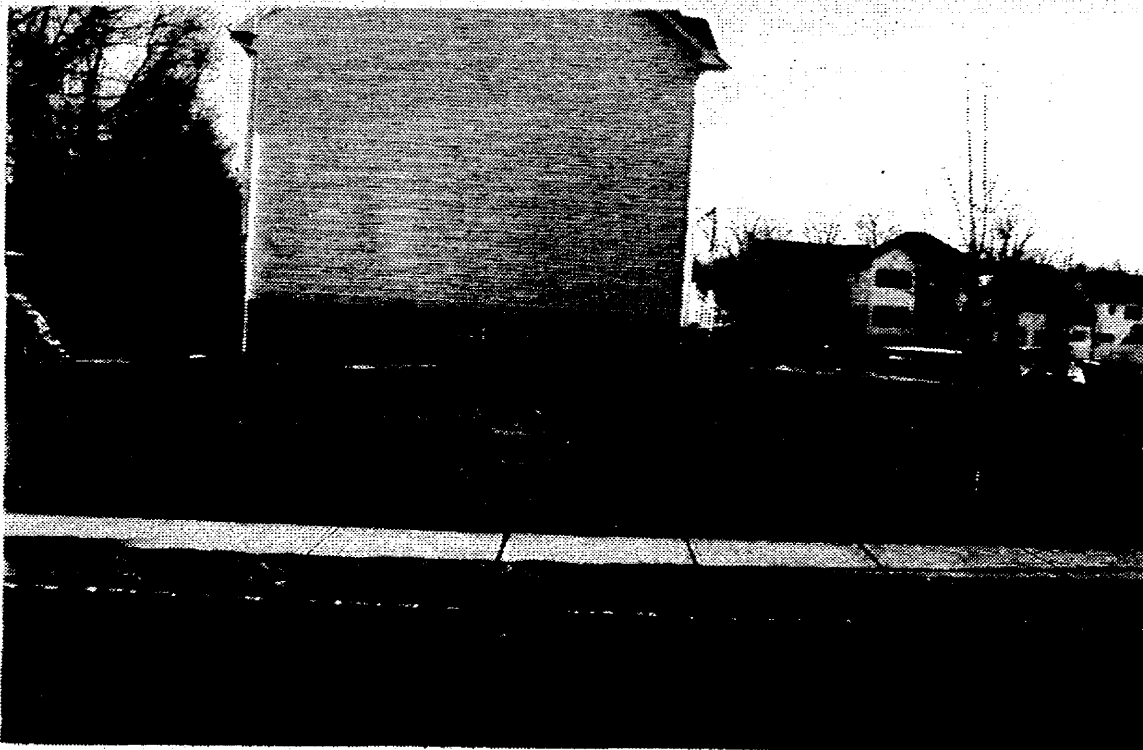
Approved by: Frank H. Reis
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Frank H. Reis 8/17/04
(Signature) (Date)

Title: Agent of Company

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-561-2991

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.
C-105.2 (12-03)





**TOWN OF NEW WINDSOR
ZONING BOARD OF APPEALS**



APPLICATION FOR VARIANCE

3/20/05

Date

Application Type: Use Variance ☐ Area Variance ☒
Sign Variance ☐ Interpretation ☐

I. Owner Information:

Owner: Anthony A. Albanese Phone Number: (845) 567-9177
(Name) Fax Number: ()
2301 Pioneer Trail, New Windsor
(Address)

II. Applicant:

(Name) Phone Number: ()
Fax Number: ()
(Address)

III. Forwarding Address, if any, for return of escrow:

(Name) Phone Number: ()
Fax Number: ()
(Address)

IV. Contractor/Engineer/Architect/Surveyor/:

(Name) Phone Number: (845) 564-9259
Fax Number: ()
Dabroski Bros. Inc
32 N @ Favino Dr P.O. Box 7425, Newburgh, N.Y 12550
(Address)

V. Property Information:

Zone: R-3 Property Address in Question: 2301 Pioneer Trail
Lot Size: .25 Tax Map Number: Section 77 Block 9 Lot 1
a. What other zones lie within 500 feet? _____
b. Is pending sale or lease subject to ZBA approval of this Application? No
c. When was property purchased by present owner? 4/15/02
d. Has property been subdivided previously? No If so, When: _____
e. Has an Order to Remedy Violation been issued against the property by the
Building/Zoning/Fire Inspector? No
f. Is there any outside storage at the property now or is any proposed? No

****PLEASE NOTE:*****

THIS APPLICATION, IF NOT FINALIZED, EXPIRES ONE YEAR FROM THE DATE OF SUBMITTAL.

**TOWN OF NEW WINDSOR
ZONING BOARD OF APPEALS**

APPLICATION FOR VARIANCE - continued

VIII. AREA VARIANCE: (This information will be on your Building Department Denial form you receive)

Area Variance requested from New Windsor Zoning Local Law,

	<u>Requirements</u>	<u>Proposed or Available</u>	<u>Variance Request</u>
Min. Lot Area			
Min. Lot Width			
Reqd. Front Yd.			
Reqd. Side Yd.			
Reqd. Rear Yd.			
Reqd. St Front*			
Max. Bldg. Hgt.	4' / 30"		
Min. Floor Area*			
Dev. Coverage*			
Floor Area Ration**			
Parking Area			

*Residential Districts Only

**Non-Residential Districts Only

PLEASE NOTE:

THIS APPLICATION, IF NOT FINALIZED, EXPIRES ONE YEAR FROM THE DATE OF SUBMITTAL.

**TOWN OF NEW WINDSOR
ZONING BOARD OF APPEALS**

APPLICATION FOR VARIANCE - continued

- IX. In making its determination, the ZBA shall take into consideration, among other aspects, the benefit to the applicant if the variance is granted as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. Also, whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance; (2) whether the benefit sought by the applicant can be achieved by some other method feasible for the applicant to pursue other than an area variance; (3) whether the requested area variance is substantial; (4) whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and (5) whether the alleged difficulty was self-created.

After reading the above paragraph, please describe why you believe the ZBA should grant your application for an Area Variance:

The purpose of the proposed variance is to make our side property useable, safe for our young children and aesthetically pleasing. The picket style fence and location of the fence does not obstruct any drivers views.

PLEASE NOTE:

THIS APPLICATION, IF NOT FINALIZED, EXPIRES ONE YEAR FROM THE DATE OF SUBMITTAL.

XII. ADDITIONAL COMMENTS:

- (a) Describe any conditions or safeguards you offer to ensure that the quality of the zone and neighboring zones is maintained or upgraded and that the intent and spirit of the New Windsor Zoning Local Law is fostered. (Trees, landscaped, curbs, lighting, paving, fencing, screening, sign limitations, utilities, drainage.)
-
-

XIII. ATTACHMENTS REQUIRED:

- ☐ Copy of contract of sale, lease or franchise agreement. Copy of deed and title policy.
- ☐ Copy of site plan or survey (if available) showing the size and location of the lot, buildings, facilities, utilities, access drives, parking areas, trees, landscaping, fencing, screening, signs, curbs, paving and streets within 200 ft. of the lot in question.
- ☐ Copies of signs with dimensions and location.
- ☐ Three checks: (each payable to the TOWN OF NEW WINDSOR)
- ☐ One in the amount of \$ 500.00 or 500.00 (escrow)
- ☐ One in the amount of \$ 150.00 or 150.00 (application fee)
- ☐ One in the amount of \$ 50.00 (Public Hearing List Deposit)
- ☒ ~~Photographs of existing premises from several angles~~ **SUBMITTING DIGITAL PHOTOS PRINTED FROM COMPUTER - PLEASE SUBMIT FOUR (4) SETS OF THE PHOTOS.**

XIV. AFFIDAVIT.

STATE OF NEW YORK)

) SS.:

COUNTY OF ORANGE)

The undersigned applicant, being duly sworn, deposes and states that the information, statements and representations contained in this application are true and accurate to the best of his/her knowledge or to the best of his/her information and belief. The applicant further understands and agrees that the Zoning Board of Appeals may take action to rescind any variance granted if the conditions or situation presented herein are materially changed.

Sworn to before me this:

28th day of March 2005.

Anthony A. Albanese
Signature (Notarized)

JENNIFER MEAD
Notary Public, State Of New York
No. 01ME6050024
Qualified in Orange County
Commission Expires 10/30/2006
Signature and Stamp of Notary

Anthony A. Albanese
Owner's Name (Please Print)

DL# 783-996-673
exp. 08-12-10

Applicant's Signature (If not Owner)

PLEASE NOTE:

THIS APPLICATION, IF NOT FINALIZED, EXPIRES ONE YEAR FROM THE DATE OF SUBMITTAL.

COMPLETE THIS PAGE ☐